



Donor Form - Leave Sharing Program

I wish to donate annual leave hours as indicated below. I understand that I cannot reclaim these donated annual leave hours after they have been processed to the recipient, except as permitted by DHRM Policy 4.35 and DGS Policy HR-12.

DONOR NAME: _____

DONOR EMPLOYEE ID: _____

DONOR AGENCY NAME & #: _____

ANNUAL LEAVE HOURS DONATED: _____

RECIPIENT'S NAME: _____

RECIPIENT'S EMPLOYEE ID (if known): _____

DONOR'S SIGNATURE: _____

DATE: _____

DGS HUMAN RESOURCES REPRESENTATIVE: _____

DATE RECEIVED: _____

DO NOT place in Employee's Personnel File. Destroy in accordance with the
Library of Virginia's Retention and Disposition Schedules